**This Sunrise Proposal is being made at the request of Lincoln Memorial University, with the objective of establishing a newly developed medical professional, a Doctor of Medical Science, in the State of Washington.**

**This Sunrise Proposal is in response to HB 1771**, introduced in 2017, with Rep. Laurie Jinkins as prime sponsor. The Department of Health has been asked by Rep. Eileen Cody to undertake a Sunrise Review of this proposal. While this is a template, the actual language in the bill does not, in the mind of the applicant, have to be the final language of the proposal. Washington state could choose to adopt a similar but not identical proposal, depending upon the identified needs of the state, the input of stakeholders, and the guidance of the Legislature. In other words, HB 1771 is an outline of a proposal but the final product may not reflect the exact language or intent of Lincoln Memorial University. However, what should most importantly be considered is the two years of additional didactic and clinical training that a candiate *must* undertake in order to achieve the Doctor of Medical Science, and the emphasis of this degree *must* be focused on primary care.

- The title of the new profession is Doctor of Medical Science.

- No individual practices as a DMS in Washington because the specialty has not yet been authorized by the Legislature.

- The applicant is not an organization. This a proposal and template that has been developed by Lincoln Memorial University and its osteopathic medical school in Tennessee. The primary contact people are:


Mark Moran MPAS, PA-C,
Associate Professor and Assistant Dean of New Program Development
Lincoln Memorial University-DeBusk College of Osteopathic Medicine
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Mark Cushing
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6965 Cumberland Gap PKWY, Harrogate, TN, 37752


You may also contact:


Susie Tracy, legislative consultant for the project
Tracy2123@comcast.net
2123 Wedgewood Dr. SE, Olympia, WA 98501
360-701-4089

- There are no state or national organizations with which LMU is affiliated for purposes of this application, nor are there other organizations representing the profession since it is not yet in official existence and other states in addition to Washington are in the process of considering this new profession and degree.

**Regulatory Requirements**:

In compliance with RCW 18.120.030, the following factors may be appropriate for the Department of Health to consider in its review. They are presented in the format of the statute, although not all issues mentioned in the RCW are pertinent to this proposal and have therefore been omitted.

(1)(a) Because a DMS is so highly trained, it is unlikely that there is an extensive potential harm to the public if a DMS is not regulated, but there does also not appear to be a reason for them not to be regulated, as are other medical professionals. The fact that a DMS will have direct contact with patients, and will be evaluating potentially serious conditions, means that it could be considered in the best interests of the State of Washington to regulate this profession.

(1)(b)(c)(i)(ii) The DMS training emphasizes the specialty of primary care. To that end, a DMS may only practice primary care in accordance to training. Independent judgment, advanced medical knowledge, skill and experience are the foundation of the DMS training. To that extent a DMS will not require specific mentorship or supervision in day to day clinical practice. However, the DMS training emphasizes collaborative practice with physicians. This must be demonstrated by either maintenance of hospital credentials, partnership in group practice, or letters of support from collaborating physicians.

(2) and (3) These sections do not appear pertinent to a DMS practice, to any extent greater than any other regulated or credentialed health care professionals.

(4)(a) The public will benefit from the addition of a DMS to the list of regulated medical providers for several reasons. Such personnel will receive high quality, doctoral level training from respected physician specialists, internists and family practitioners. The addition of this profession has the potential to increase the primary care workforce in the State of Washington by attracting DMS trained clinicians to the state, motivating skilled Washinton PAs to become DMS practitioners, and providing an additional option for qualified college graduates to consider a future as a DMS in Washington, thus making available more and higher quality health care services for Washington's primary care patient population. Since a DMS has not been licensed prior to this request, Lincoln Memorial University has no reason to believe that this provider would subject patients to any harm, but it also has no objection to being regulated through the Department of Health by the Medical Quality Assurance Commission.

(4)(b) As is well known, distinguishing between one type of provider for whom the term "doctor" is used already provides confusion to patients. It is not the intent of the applicant that the term "doctor" would be used by a DMS without the use of the full term "Doctor of Medical Science."

(4)(c) Given the extensive training which will be required of a DMS (as outlined in detail further in this application) there is every reason to believe that the public can be confident that qualified practioners are competent.

(4)(c)(i) It is the intent of the applicant, with the permission of the Legislature, that the Medical Quality Assurance Commission would become the regulatory body administering all aspects of a DMS license. HB 1771 sets out initial regulatory functions, and also permits rule-making with regard to DMS licensees. It also allows for the Commission to establish a committee of DMS personnel to assist with the adoption of rules and regulations.

(4)(c)(ii) No personnel would be grandfathered, as this is a new profession.

(4)(c)(iii)(iv)(v) Comparative standards for licensure and education are elaborated upon in the applicant's formal proposal. A competency examination (also referred to as a board examination), to be approved by the MQAC, must be established as appropriate to doctoral level training and the practice of primary care medicine.

(4)(c)(vi) No additional expense for training programs are required for Washington's institutions. Individuals wishing to become a DMS will undertake the cost of training. Washington's institutions may use the accredited template developed by LMU/applicant or may choose to expand upon that template. Students attaining a DMS degree may do so through an institution in another state and apply for licensure in Washington. The MQAC may establish education equivalency rules.

(4)(d)(i)(ii) The license shall require an expiration date. The legislation is silent on continuing medical education, but such rules may be within the purview of the MQAC or may be added by the Legislature. The applicant suggests 100 CME biannually to qualify for licensure renewal.

(5) The applicant sees no way in which regulation would harm the public. Nor does it feel that entry into the profession in Washington, as now envisioned, would be more restrictive than necessary.

(6) The proposed legislation will assure quality in that the MQAC may establish rules mandating certain levels of training and testing, as well as continuing education if it feels it is appropriate. No code of ethics has been established to date.

(7) With regard to a description of the group proposed for regulation, is is currently impossible to determine how many current practitioners might choose to extend their training for an additional two years. The Washington Academy of Physician Assistants is unlikely to have that

information as well. Given that an individual pursuing a DMS must also continue his or her current level of practice during this additional training, it might be presumed that a relatively small number of license applications for a DMS might initially be received.

(8)(a)(b)(c) The costs of regulation will be borne by the license applicator, thus meaning that there should be no additional costs incurred by the state for implementing the proposed legislation. Tuition costs will depend upon the institution, whether it be in-state or out-of-state. The current estimated cost at LMU for the two additional years of training is $50,000.

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**Introduction**

Healthcare in Appalachia, Tennessee and throughout the United States faces an acute shortage of primary care providers. Medical schools simply cannot keep pace with the volume of doctors needed. At the same time, there is a growing awareness that medicine must focus on greater quality, cost reductions and collaboration in every corner of the health care system.

Lincoln Memorial University takes this challenge seriously due to its unique Appalachian mission and comprehensive healthcare programs running the gamut of professions. Our determination to meet these challenges has led to a new program recently accredited by SACS-COC, the U.S. Department of Education's regional accrediting body. The Doctor of Medical Science advanced degree (DMS) builds upon the medical training model and the special relationship from its origins between medical doctors and physician assistants.

The DMS program is a realistic option and an innovative solution to help meet primary care needs. A Physician Assistant with a minimum of three years experience in a primary care clinical practice will have the opportunity to combine additional didactic and clinical training. While continuing to work in their current (approved) clinical environment, under the supervision of one or more physicians, the DMS candidate will complete two years of combined competency based didactic and clinical training to reach a level of expertise capable of delivering high-quality primary care. The DMS professional will deliver primary medical care in collaboration with experts in healthcare systems throughout Appalachia and beyond.

Physician Assistants are trained in the medical model and licensed by state medical boards. It should be a logical step for state medical practice acts to accommodate adding the DMS degree-holders to additional licensure and supervision by state medical boards. The DMS degree will involve 360 hours of online didactic education and approximately 3,840 hours of additional clinical experience, plus a cumulative examination process. These high standards are

designed to provide assurance to state medical boards and the healthcare community that these professionals can meet the challenge. Many of these DMS candidates will be based in rural hospitals while they participate in the program, so we should expect that they are highly likely to remain in a rural community upon receiving the DMS degree.

This innovative solution does not require any federal funding, alleviating the pressure on the federal government to find ways to fund more residencies in the GME system. Tennessee has the opportunity to be not only the first in the country but also the leader in developing this new professional to address primary care needs. We can set the standard for quality and collaboration while creating a pipeline of primary care practitioners to improve access and reduce costs for rural healthcare in underserved communities.

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# Innovate Support of the Health Care System

## Physician Assistant (P.A.)

Licensed by Medical Board
Supervised by Physician (M.D. or D.O.)

Trained in the Medical Doctor (M.D.) Model

On the road to a new Doctorally Trained Provider

## Doctor of Medical Science (DMS)

### High Quality Preparation

***The D.M.S. degree gives the P.A. advanced clinical experience and doctoral education***

- Enters the program with three years of physician supervised clinical experience
- Receives two additional years of competency-based didactic and clinical education framed from ACGME standards
- Meets multi-step competency-based evaluations and standards (equivalent to USMLE licensing and board certification exams)
- Does not require federal funding

## Results in an extensively trained doctoral clinician prepared to help manage the complicated primary care needs.

Sources:
http://www.primarycareprogress.org/learn/the-issue
https://www.aamc.org/download/426260/data/physiciansupplyanddemandthrough2025keyfindings.pdf

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# LINCOLN MEMORIAL UNIVERSITY ANNOUNCES A NEW MEDICAL DEGREE: DOCTOR OF MEDICAL SCIENCE

***TO EXPAND ACCESS TO HIGH-QUALITY PRIMARY CARE SERVICES IN UNDERSERVED REGIONS***

Lincoln Memorial University (LMU) is pleased to announce a new type of medical training with its launch of the brand new Doctor of Medical Science (DMS) degree. The only one of its kind, this program bridges the physician assistant (PA) to a new type of doctoral-trained provider to aid Appalachia and other health care shortage areas. The University has received approval from the Southern Association of Colleges and Schools Commission on Colleges, and the program accepted the first cohort of students fall of 2016.

## MEETING A NEED

U.S. physician residencies are capped by federal dollars. Every practicing physician must complete a residency. Therefore, these caps limit the impact medical schools can have on the impending provider shortage. The greatest users of health care resources, including the elderly and chronically ill, are expected to increase by 46% over the next 10 years, and the Affordable Care Act is projected to add between 26 and 32 million new patients to the health care system. As a result, despite the aggressive approach and success of medical colleges and schools to increase total enrollments by 30% from 2003 to 2020, the ratio of patient demand to physician supply continues to grow. (AAMC.org)

In November of 2015, the Association of American Medical Colleges (AAMC) reported that "the demand for physicians continues to grow faster than the supply, with a projected shortfall between 46,100 and 90,400 physicians by 2025." It further highlights that the "projected shortfalls in primary care will range between 12,500 and 31,100 physicians by 2025." The "lower ranges of the projected shortfalls reflect the rapid growth in supply" of physician assistants, nurse practitioners, and nurse anesthetists.

Physician assistants are trained in a medical model developed by physicians. The curriculum mimics the physician training model, but is slightly shorter in duration, and includes one year of clinical training instead of two. Practicing physician assistants are licensed by the state medical boards, and practice medicine with the supervision of a physician.

In the April 2015 edition of the *AAMC Reporter*, the AAMC Chief Health Care Officer noted that "the doctor shortage will not be solved by any one approach, but rather will require a number of strategies. Medical schools and teaching hospitals must do their part in care, delivery and medical education."

Answering the challenge noted by the AAMC's Chief Health Care Officer, Lincoln Memorial University is doing its part to address the continued primary care provider shortage by taking an already well-trained physician assistant medical provider and enhancing his or her skills, education and training to help supply the demand for highly qualified doctoral prepared health care providers.

"As home to one of the largest PA programs in the country, and Tennessee's largest medical school by enrollment, LMU has a special opportunity to meet the need for advanced medical education in Appalachia and beyond," LMU President B. James Dawson said.

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## CHARTING THE COURSE

The LMU Doctor of Medical Science program is comprised of 50 credits. Eligible candidates must have PA master's level training and a minimum of three years of clinical experience. The first year curriculum includes online didactics delivered by physician and Ph.D. faculty supervised by LMU-DeBusk College of Osteopathic Medicine. The second year is comprised of online didactics specific to student chosen track of study. Students in the clinical practicum will achieve defined clinical competencies over the course of the two-year program. Students in the academic track will take courses designed by the LMU Carter and Moyers School of Education's Doctor of Education program and complete an academic practicum for the purposes of enhancing medical education. The curriculum is designed for the student to complete the program while continuing with full-time clinical practice or as academic faculty.

The University has announced that Paul Serrell, M.D., a board-certified nephrologist and associate clinical professor of medicine at the University of Tennessee, will work with the program and serve as associate dean. A permanent dean will be announced later in the year.

"The program's curriculum takes the master's level PA and trains them to become a new doctoral-level clinician," Serrell said. "It will incorporate current clinical trends and evidence-based medicine using accepted model of academic delivery".

## LOOKING TO THE FUTURE

Looking into the future of health care, LMU seeks to impact the primary care provider shortage. Using advanced technology and accepted online learning format, LMU brings the medical education to the students.

"This DMS program is truly groundbreaking," Autry O.V. "Pete" DeBusk, chairman of the LMU Board of Trustees, said. "Our program addresses both the clinical shortage of physicians and the shortage of professors in the medical field. There is not a university out there offering this type of medical training program."

The DMS program began accepting applications on February 1, 2016. For more information about the Doctor of Medical Science program contact DMSadmissions@lmunet.edu or visit www.LMUnet.edu.

Lincoln Memorial University is a values-based learning community dedicated to providing educational experiences in the liberal arts and professional studies. The main campus is located in Harrogate, Tennessee. For more information about the undergraduate and graduate programs available at LMU, contact the Office of Admissions at 423-869-6280 or e-mail at admissions@lmunet.edu.

# Summary: Comparison of Doctoral Medical Education

*Programs for the State of Tennessee*

| | PA Curriculum | | DMS Curriculum | | Doctor of Medical Science | Medical Doctor or Doctor of Osteopathic Medicine |
|---|---|---|---|---|---|---|
| Average Number of Didactic Contact Hours to reach the Doctoral Level | 1,210 | + | 360 | = | 1,570 | 1,237 |
| Average Number of Total Weeks of Clinical Training Accumulated to Achieve Doctoral Level within the Profession | 47 | + | 48 | = | 95 | 80 |
| Required Clinical Training or Experience in Years to Practice** | 3 | + | 2 | = | 5 | 3or4 |
| Number of Minimum Years of Training and Experience Required to function at the Doctoral Level in primary care +, ** | 5 | + | 2 | = | 7** | 7* |

## + *DMS Planned Evaluative Process*

| STEP 1 | STEP 2 | STEP 3 |
|---|---|---|
| Current Physician Assistant Certification | New England Journal of Medicine's Resident 360 Family Medicine board exam | Formative, state approved Primary Care board exam developed external to DMS programs |

The Doctor of Medical Science curriculum has been extensively reviewed and "approved" by the Southern Association of Colleges and Schools Commission on Colleges, which is a member organization of the Council for Higher Education Accredition who answers to the U.S. Department of Education.

The Doctor of Medical Science "Graduate Medical Education" congruency is achieved by five years of supervised clinical experience as a licensed Physician Assistant. During the fourth and fifth years of supervised clinical experience, the DMS candidate is instructed didactically by medical specialists while working with the supervising physician to achieve defined clinical competencies.

The six medical competency domains of Medical Knowledge, Professionalism, Communication, Patient Care, Practice Based Learning, and System based Practice are the foundations for the program and its curriculum. External clinical competency measures for the Doctor of Medical Science graduate includes maintenance of current NCCPA certification with the PANCE or PANRE exam, a satisfactory score on the NEJM Resident 360 FM exam during the second year of the DMS program, and a primary care specific board examination developed external to DMS programs and based on the blueprints for physician certification in Family Medicine.+

* Some jurisdictions allow for practice as an assistant physician after 4 years and no residency training
**Currently there is no "doctoral level" scope of practice

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2019 Cohort Schedule

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# Clinical Track Curriculum

| | | |
|---|---|---|
| **Year One** | **Semester 1 Fa 2017** | - DMS 820: Medical Science Module I (2 Cr.)<br>- DMS 821: Medical Science Module II (2 Cr.)<br>- DMS 822: Medical Science Module III (2 Cr.)<br>- DMS 800: Research Design & Writing for the Health Care Professional (1 Cr.)<br>*Total credit hours: 7* |
| | **Semester 2 Sp. 2018** | - DMS 823: Medical Science Module IV (2 Cr.)<br>- DMS 824: Medical Science Module V (2 Cr.)<br>- DMS 825: Medical Science Module VI (2 Cr.)<br>- DMS 811: Advanced Point of Care Ultrasonography (2 Cr.)<br>- DMS 812: Medical Conference I (1 Cr)<br>*Total credit hours: 9* |
| | **Semester 3 Su 2018** | - DMS 826: Medical Science Module VII (2 Cr.)<br>- DMS 827: Medical Science Module VIII (2 Cr.)<br>- DMS 828: Medical Science Module IX (2 Cr.)<br>- DMS 829: Advanced Clinical Immunology (2 Cr.)<br>*Total credit hours: 8* |
| **Year Two** | **Semester 4 Fa 2018** | - DMS 930: Clinical Application in Primary Care I (4 Cr.)<br>- DMS 940: Clinical Residency I (4 Cr.)<br>*Total credit hours: 8* |
| | **Semester 5 Sp. 2019** | - DMS 931: Clinical Application in Primary Care II (4 Cr.)<br>- DMS 941: Clinical Residency II (4 Cr.)<br>*Total credit hours: 8* |
| | **Semester 6 Su 2019** | - DMS 932: Clinical Application in Primary Care III (4 Cr.)<br>- DMS 942: Clinical Residency III (4 Cr.)<br>- DMS 900: Scholarship in the Practice of Medicine (1 Cr.)<br>- DMS 905: Medical Conference II (1 Cr.)<br>*Total credit hours: 10* |
| | | Total Credit Hours: 50 |

Medical Science Module (5 weeks): Nephrology; Neurology; Pulmonology; Psychiatry; Cardiology; Endocrinology; Hematology; Gastroenterology; Infectious Disease.

*Revised 3/2/2017*

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SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS
COMMISSION ON COLLEGES

November 11, 2015

Dr. B. James Dawson
President
Lincoln Memorial University
6965 Cumberland Gap Parkway
Harrogate, TN 37752

Dear Dr. Dawson:

Thank you for the letter and prospectus of April 7, 2015, notifying SACSCOC of your intention to implement a Doctor of Medical Science (DMS) degree program, effective January 2016. The program will be offered on the main campus in a blended format.

Lincoln Memorial University (LMU) currently offers several master's and doctoral level programs in the medical field. The DeBusk College of Osteopathic Medicine (LMU-DCOM) is currently approved to offer the Doctor of Osteopathic Medicine (DO) and the Master of Medical Science, Physician Assistant (MMS) degree programs. The institution also offers the Doctor of Nursing Practice and the Master of Science in Nursing. LMU-DCOM has accreditation through the American Osteopathic Association—Commission on Osteopathic College Accreditation (AOA-COCA) to offer the DO program and accreditation through the Accreditation Review Commission on Physician Assistants to offer the MMS degree program.

The new DMS degree program is built upon the foundation of the 115 credit hour MMS degree program. The goal of the program is to meet the growing demand for more and better trained physician assistants. The goal of the training is to provide the experienced physician assistant with advanced clinical practice skills and knowledge, thereby improving the quality and efficiency of the healthcare they provide. Emphasis will be placed on improved clinical outcomes and improved cost effectiveness.

The DMS degree program is a 50 credit hour professional, advanced doctoral level program which can be completed in two to three years. The curriculum will consist of both didactic and clinical training. Candidates for the program will be physician assistants with training at the master's degree level, who have no less than three years of clinical experience or its equivalent and meet specified advanced course prerequisites. As noted above, the program will be offered in a blended format. The didactic curriculum will be offered primarily online through Blackboard and Mediasite. Onsite training will occur in classroom and laboratory settings. Clinical training will be provided with clinical preceptors at a site agreed upon by the program and the student. The institution expects to enroll 30 full-time students during the first year with projected enrollment to increase to 150 students by year three.

The core curriculum for the program requires the completion of 28 credit hours of coursework. The courses include: DMS800, Research Designs and Methods (4); DMS801, Systems Based Practice (3); DMS802, Immunology in Patient Care (2); DMS803, Writing for the Health Professional (2); DMS804, Advanced Clinical & Diagnostic Anatomy (4); DMS805, Advanced Cardiopulmonary Medicine (2); DMS806, Point of Care Ultrasonography (2); DMS807, Advanced Clinical Endocrinology & Nephrology

(2); DMS808, Advanced Biomedical & Pharmacologic Principles (3), and DMS809, Scholarship in the Practice of Medicine (4). The final course will be completed in the last year of the program and will involve the completion of a substantial project. The student can either choose an Education Track (15 credit hours) or a Clinical Track in Emergency Medicine, Internal Medicine, Primary Care Medicine, or Pediatrics (15 practicum credit hours). The student can then choose seven hours of electives in either of the tracks to complete the 50 credit hour requirement (minimum). Two and three year Course Sequence Schedules were provided for the curriculum. Also, a complete listing of the course descriptions for each course was provided.

The Faculty Roster Form submitted in the prospectus describes the qualifications of ten full-time faculty members. All have doctorates in the coursework being taught, significant experience in their field and appropriate certifications in their specialty. All appear to be qualified to teach the coursework assigned. Faculty vitas provided with the faculty roster indicate that faculty members are involved in both research and other scholarly activities.

The institution is in contract negotiations to employ two additional faculty members. One to teach DMS802, Immunology in Patient Care in the fall 2016, and the second to teach DMS930, Internal Medicine/Hospitalist, in the summer 2017. Dr. Paul B. Serrell, MD, has been appointed to serve as the Associate Dean responsible for curriculum oversight of the DMS program. Dr. Serrell has over 30 years of clinical experience at the University of Tennessee academic medical center and is board certified in Internal Medicine and Nephrology.

Library and learning resources appear to be adequate for the degree program. Standard library resources include adequate library staff, print and electronic materials, computer equipment, and instructional services. Along with numerous full-time library staff, two full-time librarians are assigned to provide research assistance to the LMU-DCOM. A significant listing of discipline-specific resources for the medical science program was provided.

Student support services for the program also appear to be adequate. Standard academic and other support services are provided. The University has a standard policy for student grievances and policies to ensure student identification, privacy, and disclosure of tuition and fees for online coursework.

Along with general campus physical resources - library, bookstore, dining hall, sports facilities, and so on - the LMU-DCOM provides access to numerous facilities for hands-on training, sessions, practical exams, and competency assignments for DMS students. These facilities include lecture halls, a surgical suite, clinical exam area, clinical skills lab, simulation lab, and anatomy lab. A thorough listing of the various facility spaces and furniture, electronic resources, medical equipment, and other resources was provided.

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Financial resources appear to be adequate for the degree program. A business plan in the form of a financial pro forma was created and provided in the prospectus. The DMS program will be a tuition driven program. Revenues are projected to exceed expenditures by year five of the degree program.

An evaluation and assessment plan was provided for the DMS degree program. The LMU-DCOM Department of Assessment directs, manages, and facilitates a broad range of assessment initiatives to evaluate, document, and enhance the program's effectiveness. Organized around core competencies, data will be collected on student learning outcomes that are compared with the program's objectives. Learning outcome competencies for the areas of research, professional communication, systems based practice, medical science knowledge, patient care, professional behavior, and professional education were provided. A variety of assessment activities are used.

**The Board of Trustees of the Southern Association of Colleges and Schools Commission on Colleges reviewed the materials seeking approval of the Doctor of Medical Science degree program. It was the decision of the Board to approve the program and include it in the scope of the current accreditation.**

Enclosed is an invoice for $500 to help defray the cost of reviewing the prospectus.

The Commission wishes you success in this endeavor.

Best regards,

Belle S. Wheelan

Belle S. Wheelan, Ph.D.
President

BSW/LCS:iy

Enclosure

cc: Dr. E. Clayton Hess, Vice President for Academic Affairs
Dr. Mary P. Kirk

# Identifying the need for Doctor of Medical Science Providers for Washington State

## National Data:

Only 30% of U.S. physicians Practice Primary care (1)

For three straight years, the AAMA projects a growing physician demand, projecting up to a 43,100 shortfall of primary care providers by 2030 (2)

Over 1/3 of all currently active physicians will be age 65 or older within the next decade. Their retirement is expected to have the single greatest impact on physician supply in the next ten years (2)

## Washington State Data:

Washington State has 62 Health Professional Shortage Areas (HPSA) for primary care. HPSA is a federal definition of a patient population to provider of 3,500:1 or greater (3)

22 of the 62 HPSA designations are entire counties (3)

Washington State has 54 Medically Underserved Areas (MUA) or Medically Underserved Populations (MUP). MUA/MUP designations are based on infant mortality rates, poverty rates, percentage of elderly in the population and population to primary care physician ratio (3)

12 of the 54 MUA/MUP designations are entire counties (3)

1)www.primarycareprogress.org/learn/the-issue 2)https://www.aamc.org/data/workforce/The 2017 Update: Complexities of Physician Supply and Demand: Projections from 2015 to 2030 3)http://www.doh.wa.gov/Portals/1/Documents/2900/689141.pdf

LMU-DCOM

Doctor of
Medical Science

**Lincoln Memorial University – DeBusk College of Osteopathic Medicine**
**DOCTOR *OF* MEDICAL SCIENCE PROGRAM**

# Frequently Asked Questions

1. **Why is this degree necessary?**

The physician shortage, especially in primary care is real. Despite aggressive efforts to increase medical school enrollments, the physician to patient ratio continues to decline nationally, with the greatest deficits found in primary care. Physician Assistants have graduate training in the medical model and extensive clinical experience. Without the redundancy of traditional medical school, this new training provides the already highly skilled physician assistant with additional knowledge, skills, and competencies to further meet the growing healthcare demand in just two years and without using ACGME dollars.

2. **Is there really a shortage of primary care physicians in the U.S?**

Yes, continued population growth, increased health care access by the affordable care act, and the retirement of an estimated 250,000 physicians, the Association of American Medical Colleges (AAMC) predicts a projected shortfall of 31,100 primary care physicians by 2025 (www.aamc.org). Additionally, the Primary Care Project estimates 60 million Americans will lack adequate access to primary care by 2025 (the primary care progress.org).

3. **Why not simply train more physicians?**

Currently, both MD and DO medical school graduates must complete a residency (or postgraduate) training program accredited by the American Council on Graduate Medical Education (ACGME).These programs are federally funded through the Centers for Medicare and Medicaid Services (CMS). Since the Balanced Budget Act of 1997, CMS has limited (capped) the number of allopathic and osteopathic medical residents counted toward funding reimbursement calculations for teaching hospitals. The cap limits the number of residents trained in teaching hospitals (www.aamc.org). Therefore, increasing the number of physicians trained under this model may not be sustainable.

4. **Does residency training apply to the Doctor of Medical Science (DMS)?**

No, this training model is completely independent of American Council on Graduate Medical Education (ACGME) residency training and CMS funding. The DMS uses a completely new post-graduate training model of combined clinical competencies and physician mentorship for the preparation of a doctoral level health care provider.

5. **Is this a Physician Assistant program?**

No. Lincoln Memorial University-DeBusk College of Osteopathic Medicine (LMU-DCOM) has designed and implemented this advanced training specifically for experienced Physician Assistants (PA) to address the primary care needs in Appalachia and beyond. Evaluating its resources and training models, the medical school designed the curriculum.

6. **Is this a shortcut to becoming a physician?**

No. This is not a shortcut to becoming a physician. In fact, upon completion, the Doctor of Medical Science (DMS) graduate will have no less than seven years of combined clinical experience in medicine and post-graduate training. Rather, this is a mean of advancing an experienced clinician to the doctoral level to address the growing demands of the U.S. healthcare system.

7. **Is this an apprenticeship program?**

No. The DMS is a doctoral program comprised of academic courses leading to the Doctor of Medical Science (DMS) degree. While continually employed as a Physician Assistant, the DMS student will take online didactic courses supported by periodic on-campus residencies for the purpose of face-to-face training and competency evaluations.

If the student is accepted into the clinical track, there are defined competencies that are agreed upon between the physician supervisor and the course director. The competencies are obtained during employment under the direct supervision of the physician and are required for the degree. Students must successfully pass each required course of study to obtain the DMS degree.

8. **What is the difference between obtaining a DMS vs. DO/MD degree?**

One must first obtain a master's level PA degree in medicine, pass the PANCE certification exam and have completed three (3) years of supervised clinical practice before applying to the two-year DMS program. The DMS degree allows current PAs an opportunity to obtain advanced knowledge and skills toward a doctoral degree. The DMS training focuses on primary care medicine. Currently, there is no additional legislative scope of practice or certification that come with the DMS degree.

9. **What is the curriculum based on?**

The DMS curriculum aligns with the six (6) core competency domains of standard medical professions (Medical knowledge; Interpersonal and Communication Skills; Patient Care; Professionalism; Practice-Based Learning and Improvement; Systems-Based Practice) to build on the physician assistant training and medical model.

10. **Will there be additional clinical tracks in the future?**

LMU-DCOM is constantly studying the health care needs of Appalachia and other underserved regions. Once the Doctor of Medical Science program, with its current primary care focus, is deemed successful by the University, the health care profession, and patients, other areas of high medical need may be investigated.

11. **Why an education track?**

With the rapid expansion of medical training programs, the demand for medical educators continues to increase. The DMS graduates from the Education track will have advanced medical knowledge as well as educational training for effective delivery of medical academia.

12. **What is the goal of the Doctor of Medical Science?**

The goal is to provide the already highly trained and experienced PA an even higher level of clinical skill, knowledge, and competence for the purpose of improving primary care services provided by these individuals. Lincoln Memorial University is in the process of working with various legislators and specialty groups to address practical application of this goal.

13. **Is the program accredited?**

Lincoln Memorial University is a member of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). The SACSCOC is the "regional body for the accreditation of degree-granting higher education institutions in the Southern states" (http://www.sacs.org/) and is recognized by Council of Higher Education Accreditation (CHEA) which affirms "that the standards and processes of the accrediting organization are consistent with the academic quality, improvement and accountability expectations that CHEA has established" (www.chea.org) . The Doctor of Medical Science (DMS) degree program has been reviewed by the SACSCOC Board of Trustees who issued the following statement:

*The Board of Trustee of the Southern Association of Colleges and Schools*

> *Commission on Colleges reviewed the materials seeking approval of the Doctor of Medical Science degree program. It was the decision of the Board to approve the program and include it in the scope of the current accreditation. Nov 11, 2015.*

There are currently no other regulatory bodies to accredit this new program.

- Currently, no state has approved any legislation regarding the practice of a Doctor of Medical Science. While the University is optimistic, it cannot guarantee the success of any legislative efforts.